**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER	THAN
COR			(Column 1)			(Column 2)			TYPE		OR	SMALL	ENTITY
FOR ,			NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			minus 20=		20=	*	43		X\$ 9=		OR	X\$18=	174
INDEPENDENT CLAIMS			<b>↓</b> minus 3 =		s 3 =	*	Ì		X39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2						Ų	TOTAL	] 	OR	TOTAL	1543		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR.	OTHER SMALL	1
AMENDMENT A		CLA REMA AFT AMEND	INING ER		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	78°	Minus	**	63	= 35		X\$ 9=		OR	X\$18=	630-
	Independent	· 7		Minus ***  JLTIPLE DEPEND		SENT CLAIM	1-3		X39=		OR	X <del>78=</del>	334-
_	FIRST PRESE	MIATIO	N OF MIC	DETIPLE DE	PENL	DENT CLAIN	1		+130=		OR	+260=	
								. [	TOTAL		ارما	TOTAL	
									INDIT CCC	ll		ADDIT CECI	1/2-2021
		(Colui			(0	Column 2)	(Column 3)		ADDIT. FEE	<u>L</u>	]] • ,	ADDIT. FEE	V & L &
RENTA		(Colui CLA REMA AFT AMENC	IMS INING IER		् ़ PI	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDWENTA	Total	CLA REMA AFT	IMS INING IER	Minus	् ़ PI	HIGHEST NUMBER REVIOUSLY	PRESENT			TIONAL	OR	RATE X\$18=	ADDI- TIONAL
AMENDMENTA	Independent	CLA REMA AFT AMEND	IMS INING FER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = \$3		RATE	TIONAL		RATE	ADDI- TIONAL
AMENDMENTA		CLA REMA AFT AMEND	IMS INING FER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = \$3		RATE X\$ 9=	TIONAL	OR	RATE X\$18=	ADDI- TIONAL
AMENDMENTA	Independent	CLA REMA AFT AMEND	IMS INING FER DMENT	Minus	**	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = \$3		RATE  X\$ 9=  X39= +130=  TOTAL	TIONAL	OR OR	RATE  X\$18= +260=	ADDITIONAL FEE
AMENDMENTS	Independent	CLA REMA AFT AMEND  * * * * * * * * * * * * * * * * * *	IMS INING FER DMENT OF N OF ML	Minus	PI ** EPENI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = \$3		RATE  X\$ 9=  X39=  +130=	TIONAL	OR OR	RATE  X\$18= +260=	ADDITIONAL FEE
)   	Independent	CLA REMA AFT AMEND  * (Colui) CLA REMA	mn 1) IMS INING MENT  OF MU  IMS INING IER	Minus	PI ***	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA  = 35  = 3		RATE  X\$ 9=  X39= +130=  TOTAL	TIONAL	OR OR	RATE  X\$18= +260=	ADDITIONAL FEE
ပ	Independent	CLA REMA AFT AMEND  * (Colui) CLA REMA AFT	mn 1) IMS INING MENT  OF MU  IMS INING IER	Minus JLTIPLE DE	PI ***	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA  = 3		RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR	RATE  X\$18=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL FEE
)   	Independent FIRST PRESE  Total Independ nt	CLA REMA AFT AMEND  (COlui) CLA REMA AFT AMEND  *	mn 1) IMS INING IER OMENT  N OF MU IMS INING IER OMENT	Minus  JLTIPLE DE	## ## EPENI	COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR  COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = 33  = 31  (Column 3)  PRESENT EXTRA  = = =		RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT FEE  RATE  X\$ 9=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=	ADDI- TIONAL FEE
	Independent FIRST PRESE	CLA REMA AFT AMEND  (COlui) CLA REMA AFT AMEND  *	mn 1) IMS INING IER OMENT  N OF MU IMS INING IER OMENT	Minus  JLTIPLE DE	## ## EPENI	COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR  COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA  = 33  = 31  (Column 3)  PRESENT EXTRA  = = =		RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	RATE  X\$18=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL FEE
AMENDMENT C	Independent FIRST PRESE  Total Independent FIRST PRESE	(Colui CLA REMA AFT AMEND (COlui CLA REMA AFT AMEND *	mn 1) IMS INING TER DMENT  N OF MU  N OF MU  N OF MU	Minus  JLTIPLE DE	PI *** EPENI	COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM COLUMN 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA  = 3		RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT FEE  X\$ 9=  X39=  +130=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  +260=  TOTAL ADDIT. FEE  X\$18=  X78=  +260=	ADDI- TIONAL FEE
AMENDMENT C	Independent FIRST PRESE  Total Independ nt	CLA REMA AFT AMEND  * COlui CLA REMA AFT AMEND  * NTATION  mn 1 is les mber Prev	mn 1) IMS INING TER DMENT  N OF MU  SINING TER DMENT  N OF MU  SINING TER DMENT	Minus  Minus  Minus  Minus  JLTIPLE DE	PI *** EPENI  *** EPENI  Slumn 2 HIS SP	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  OENT CLAIM  OENT CLAIM  OENT CLAIM  OENT CLAIM  OENT CLAIM  OENT CLAIM	PRESENT EXTRA  = 33  = 34  (Column 3)  PRESENT EXTRA  = = = 4		RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE  RATE  X\$ 9=  X39=	ADDI- TIONAL	OR OR OR OR	RATE  X\$18=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI-TIONAL FEE